

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/227,518

FILING DATE

01-08-99

APPLICANT(S)

GABEL G

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8						
9						
10						
11						
12						
13						
14	1					
15	1					
16	1					
17	1		1			
18						
19				1		
20				1		
21				4		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				2		
30				1		
31				1		
32				1		
33				1		
34				2		
35				2		
36				1		
37				1		
38				1		
39						
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42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	28	↓		↓
TOTAL CLAIMS			30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS